

Utah Insurance Department
State Office Building, Rm 3110
Salt Lake City, UT 84114
Telephone (801)538-3800
Sandy Glaze
Telephone (801) 538-3345

**BEFORE THE INSURANCE COMMISSIONER
STATE OF UTAH**

COMPLAINANT:

UTAH INSURANCE DEPARTMENT,

RESPONDENT:

CASANDRA WATSON
6646 AHERN CT
INDIANAPOLIS IN 46268

License No. 510876

**NOTICE OF INFORMAL
AGENCY ACTION
AND ORDER**

Docket No. 2015-097 LC

Enf. Case No. 3656
Judge Mark Kleinfeld
Administrative Law Judge

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Ann. § 31A-2-201, 31A-3-103 and 63G-4-201 and Utah Admin. Code R590-102. Based upon information contained in agency files or known to the Department, the Department asserts the following facts:

FACTS

1. Respondent is a licensed insurance producer authorized to do the business of insurance in the State of Utah holding License Number 510876.
2. On or about June 12, 2015 the Department received a termination for cause letter from Respondent's employer, Golden Rule Insurance Company.

3. On July 27, 2015, the Department's Market Conduct Division attempted to contact

Respondent at:

- a. The business email address, CWATSON@unitedhealthone.com; and
- b. The mailing address, 6646 AHERN CT, INDIANAPOLIS IN 46268

Respondent failed to respond to any of these inquiries.

4. On July 31, 2015, Respondent was emailed a second request, to the same email address shown above, to confirm receipt of the previous email by the Department's Market Conduct Division.

Respondent failed to respond.

5. On August 14, 2015, The Department's Market Conduct Division attempted to contact

Respondent by phone at:

- a. The business phone number, 317-715-8605, and
- b. The home number, 317-731-9369, and
- c. The home number, 317-919-1599.

The Department's Market Conduct Division was unable to contact Respondent.

6. As of today, August 14, 2015, Respondent has failed to respond to any of the Department's inquiries. Respondent has violated 31A-2-202(4)(a) by failing to respond to multiple inquiries of the commissioner.

BASED UPON THE FOREGOING FACTS

Based upon the foregoing facts, the Commissioner now enters the following Order:

ORDER

IT IS HEREBY ORDERED:

1. Respondent is assessed an administrative forfeiture in the amount of \$500.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

2. Respondent shall provide a substantive response to the Commissioner's inquiries regarding the failure to respond.

3. This Order shall become final fifteen (15) days after the date of mailing unless a written request for a hearing is received from the Respondent in the offices of the Department prior to that date. A written request for a hearing shall be signed by the person making the request and shall state the basis for the relief requested.

DATED THIS 17 day of August, 2015.

TODD E. KISER
INSURANCE COMMISSIONER

A handwritten signature in blue ink, reading "Mark E. Kleinfeld", is written over a horizontal line.

MARK KLEINFELD
Administrative Law Judge
Utah Insurance Department
State Office Building, Room 3110
Salt Lake City, Utah 84114
Telephone (801) 538-3800

NOTIFICATION

If you request a hearing regarding this matter, please contact the Examiner, Sandy Glaze, at 801-538-3345. Failure to request a hearing will be considered a failure to exhaust administrative remedies and will preclude any further administrative or judicial review or appeal of this matter.

You are further notified that a failure to obey an Order of the commissioner may subject you to further penalties, including forfeitures of up to \$2,500.00 per violation and the suspension or revocation of your license and the filing of an action to enforce this Order in District Court, which may impose forfeitures of up to \$10,000.00 per day for continued violation.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

CERTIFICATE OF MAILING

The undersigned certifies on this date, a true and correct copy of the forgoing NOTICE OF INFORMAL AGENCY ACTION AND ORDER was mailed, postage prepaid, to the following:

CASANDRA WATSON
6646 AHERN CT.
INDIANAPOLIS IN 46268
&

CASANDRA WATSON
7440 WOODLAND DRIVE
INDIANAPOLIS, IN 46278
&

CWATSON@UNITEDHEALTHONE

DATED this 17Th August, 2015



LINDA HARDY
UTAH INSURANCE DEPARTMENT
STATE OFFICE BUILDING, ROOM 3110
SALT LAKE CITY, UT 84114-6901



State of Utah

GARY R. HERBERT

Governor

SPENCER J. COX

Lieutenant Governor

Insurance Department

UTAH Invoice - Original

CASANDRA WATSON
WATSON, CASANDRA
6646 AHERN CT
INDIANAPOLIS IN 46268

Printed Date: August 17, 2015
Invoice Date: August 17, 2015
Balance Due: \$500.00
Due Date: September 21, 2015
Invoice ID: 791947
Payor ID: 1596122

Date	Item Description	Amount	
08-17-2015	Monetary Penalty Individual	\$500.00	E-Case 3656 Docket # 2015-097 LC

No Adjustments

No Payments

Balance Amount Due \$500.00

UTAH Invoice - Original

Make check payable to: Utah Insurance Department
Send payment to:
Utah Insurance Department
3110 State Office Building
Salt Lake City, UT 84114-6901

Invoice Date: August 17, 2015
Balance Due: \$500.00
Due Date: September 21, 2015
Invoice ID: 791947
Payor ID: 1596122

Detach and Return this Voucher with Payment
Payments Will Not Be Processed without Voucher